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CLAIN	(Column 2)		SMALL TYPE	ENTITY	OR	OTHE	R THAN		
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TOTAL CHARGEABLE CLA	IMS	minus 20= *		-	X\$ 9=	<del></del>	707	-	740.00
NDEPENDENT CLAIMS		. minus 3 = *			X42=	+	OR		
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	AS AMENDE				TOTAL	·	OR	TOTAL	
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-allil p2	. MOLTIPLE D	EPENDENI CI	AIM	┛╽	+140=.	· .	OR	+280 <del>=</del>	_
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PATENT APPLICATION FEE DETERMINATION RECORD

PTO/SB/06 (08-03)
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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Application or Docket Number			
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL I	ENTITY	OR		R THAN . ENTITY	
FOR NUMBER FILED NUMBE			ER EXTRA		RATE	FEE		RATE	· FEE			
	IC FEE CFR 1.16(a))								\$	OR	1,9112	\$
TOT	AL CLAIMS CFR 1.16(c))			minus 20				v e -	<u>*</u>		l	-
IND	PENDENT CLAIR	vis	·····			-	<b> </b>	× \$=		OR	× 5 =	
(37 CFX 1.10(b)) Hamus 3 2					× \$=		OR	x \$=	ļ			
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						l L	+ s =		OR	+ \$=		
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		OR	TOTAL	L	
	CLAIMS AS AMENDED - PART II											
(Column 1) (Column 2) (Column 3)							SMALL E	NTITY	OR		R THAN ENTITY	
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This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

			Application or Docket Number								
	PATENT A	APPLICATION Effection		091	57	162	89				
L		CLAIMS A	umn 2)	SM/		ENTITY	OR		R THAN ENTITY		
F	OR	NUME	BER FILED	NUMBER	EXTRA	RA*		FEE	٦ ٔ	RATE	FEE
В/	ASIC FEE				10 mg 1 mg	13	77 T	345.00	OR	g.	690.00
TC	OTAL CLAIMS	14/2	9 minus	20= 9		X\$	9=	<del>†</del>	OR		162
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Ţ	***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEE										